



## **BPTC AUTHORIZATION FOR RELEASE OF INFORMATION**

**The Family Educational Rights and Privacy Act (FERPA)**, also known as the BUCKLEY ACT, is a federal law regarding the privacy of student records and the access to these records.

As an applicant seeking to attend the Eastern Florida State College's Institute of Public Safety Basic Law Enforcement or Corrections Academy, obtain an Equivalency of Training exemption for out-of-state or Florida inactive officers, or to gain or maintain certification, I recognize that certain records which pertain to me are being developed and maintained which may fall under the protections of FERPA.

**I also understand** that there may be some potential need for these records to be released to current and/or potential employers, FDLE auditors, or for any other purpose deemed appropriate by the staff of the BPTC or the EFSC Institute of Public Safety.

**These records could include, but are not limited to:**

- Registration Forms
- Grades/Transcripts
- Disciplinary reports
- Submitted memoranda
- Coordinator and/or instructor evaluations or written comments on any topic
- Student proficiency scores
- Injury reports
- Applicant Background/Screening Questionnaires
- Fingerprint Reports
- Any other records/reports, written, emailed, or orally communicated, that may assist a current or prospective employing agency in determining the applicant's suitability for law enforcement employment or training.

**I understand and agree**, that by signing this document, I am agreeing to allow the Brevard Police Testing and Selection Center and/or the Eastern Florida State College Institute of Public Safety, to release any and all of my applicant records or information to the FDLE, to any current or prospective employing agency, or to any other agency or entity for the purpose of audit, certification, study, or to determine my current employment status and/or suitability for law enforcement employment or training.

**Furthermore**, I agree to hold harmless the Brevard Police Testing and Selection Center and the Eastern Florida State College, Institute of Public Safety, and all members of their respective staffs from any and all liability arising from the release of my applicant records.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date